

**AUDITION APPLICATION FORM FOR THE K. BOATENG ACADEMY OF  
PERFORMING ART'S 2 YEAR ACTING (DIPLOMA) COURSE**

Please clip passport -  
sized photograph here.  
(use glue or staple)

**This form must be filled in by a Parent/Guardian unless the person is 18 years or over.**

**PLEASE COMPLETE FORM IN BLOCK CAPITALS:**

First Name(s): .....

Middle Name(s): .....

Surname: .....

Date of birth: ..... Gender (Please tick): Male  Female

Age: .....

Address .....

.....

PO Box.....

Home phone number: .....

Mobile number: .....

E-mail address: .....

Name and address of Secondary School, college, or university (if applicable):

.....

.....

Please state Qualifications gained (if applicable)

.....

.....

**PARENT /GUARDIAN, CONTACT DETAILS:**

Name: .....

Phone Number: .....

Relationship to applicant: .....

Address if different to above: .....

.....

PO Box.....

**Emergency contact telephone number:** (Please provide us with One emergency contact number that we may need to ring if an emergency arises during sessions. This should be different from the home phone number and your parent and guardian phone number. We will always contact the parent/guardian in the first instance. Please also state their relationship to the young person).

Emergency contact name:

Number:

Relationship to young person:

Please state here any medical conditions that your child has or any other issues that you feel are important for us to know, such as any allergies, special needs, disabilities or mobility issues, to help us with the planning and involvement of your child in the acting classes. (Please continue on a separate sheet if necessary)

**AUDITION INFORMATION**

Auditions are being held from the 24<sup>th</sup> August 2009 till the 17<sup>th</sup> September 2009. Please state below your preferred audition date. Please note it is very unlikely that you will be able to change your audition date after you have chosen one, so make sure you will definitely be available to audition for that day.

MY PREFERRED AUDITION DATE IS: \_\_\_\_\_

There are two groups for the course, the Seniors (over 19's) and the Juniors (13-19yrs). For your clarification anyone who is 19yrs or over on the start date of the course is in the Seniors. Anyone who is 13-18yrs on the start date of the course is in the Juniors.

PLEASE TICK WHICH COURSE YOU ARE APPLYING FOR:

SENIORS (OVER 19'S)   
JUNIORS (UNDER 19'S)

**SENIORS ONLY:**

**AUDITION SPEECH – THIS MUST EITHER BE YOUR OWN MONOLOGUE OR FROM A PLAY OF YOUR CHOICE.**

NAME OF CHARACTER IN THE PLAY \_\_\_\_\_

NAME OF THE PLAY \_\_\_\_\_

AUTHOR OF THE PLAY \_\_\_\_\_

**SPECIAL SKILLS**

Please list below all relevant skills you have, e.g singing, dancing, playing a musical instrument, writing etc:

Give reasons as to why The K. Boateng Academy of Performing Arts would benefit you?
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How did you hear about The K. Boateng Academy of Performing Arts?
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Would you be interested in applying for The K. Boateng Youth Theatre's 3 Week Acting Course in the near future? Please tick: Yes <input type="checkbox"/> No <input type="checkbox"/>
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**FINANCIAL POLICIES**

**AUDITION FEE – GHC20 – The audition fee is to be paid at the time of audition, so please bring the money with you to the audition or you will not be able to audition.**

**APPLICATION FORM FEE – GHC 10 – Application form fee should be paid at the audition.**

**The Tuition Fee -**

**SENIORS – GHC 130 for the first Academic Term, JUNIORS – GHC 84.50 for the first Academic Term, must be paid in full by Wednesday 23<sup>rd</sup> September 2009**

The full application with all attachments **MUST** be received by our office on the 20th **August 2009** either via post, in person or via the e-mail.

**Photography, Filming, and Database consent:** Occasionally the acting classes and the Academy productions may be recorded or photographed for monitoring and publicity purposes, and these photographs may be used in our publicity material and on the website. By presenting yourself at the audition and by accepting a place on the 2 year acting course and accepting any future work with The K. Boateng Academy Of Performing Arts, you agree to all the above.

Signature of Parent/Guardian:

**OR**

Signature of Young Person: (if young person is over 18) \_\_\_\_\_

Date: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

**Application for entry in September 2009**

AUDITION NO: \_\_\_\_\_ AUDITION DATE: \_\_\_\_\_

FEE PAID:  CHQ  CASH  POSTAL ORDER  OTHER

The information in this document will remain strictly confidential, and will not be passed on to any third parties.

If you have any queries regarding how to fill in this form, please e-mail [auditions@kboatengacademy.com](mailto:auditions@kboatengacademy.com), or ring (+233) (0) 264475740. Please return this application form via post.

**FOR PERSONS SENDING COMPLETED APPLICATION FORMS VIA POST, PLEASE SEND TO OUR ADMIN OFFICE ADDRESS BELOW. (PLEASE NOTE OUR POSTAL ADDRESS IS ONLY TO SEND LETTERS TO. THE ACADEMY ADDRESS IS DIFFERENT.)**

**Please send to the address below:**

**The Registrar**

**The K. Boateng Academy Of Performing Arts**

**PO Box CO 1652**

**Tema, Ghana**